

PROOF OF CLAIM
SECURITY PACIFIC, INSURANCE COMPANY, INC. IN LIQUIDATION;
SPI-202, INC., SPI-203, INC., AND SPI-204, INC.
DEADLINE FOR FILING CLAIMS IS MAY 31, 2012

POC Number
(Official Use)

Please read the instructions carefully before completing both sides of this Proof of Claim form. Each section must be fully completed.

1. CLAIMANT'S NAME: _____

2. MAILING ADDRESS: _____

3. TEL. NO. (Daytime): _____ 4. FAX NO.: _____

5. E-MAIL ADDRESS: _____ 6. DATE OF LOSS: _____

7. INSURED'S NAME: _____

8. CLAIM NO: _____ 9. POLICY NO.: _____

10. CLAIM IS AGAINST: CHECK ALL THAT APPLY TO THIS CLAIM:
☐ SECURITY PACIFIC INSURANCE COMPANY, INC.
☐ SPI-202, INC.
☐ SPI-203, INC.
☐ SPI-204, INC.

(FILE A SEPARATE PROOF OF CLAIM FORM FOR EACH CLAIM, SEE INSTRUCTIONS)

11. CLAIM IS FOR (Place an "X" by each one that applies; you may check more than one):

- A. ☐ Claim by Policyholder for Policy Reimbursement for Claims.
B. ☐ Claim by Policyholder for Return of Unearned Premium.
C. ☐ Claim by Third Party for Injury or Damage Allegedly Caused by Policyholder
D. ☐ Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
E. ☐ Claim for Taxes and/or Interest/Penalty on Taxes.
F. ☐ Vendor/ Other General Creditor
G. ☐ Other.

Please explain the nature of the claim in response to Question 12 below.

ATTACH ALL DOCUMENTATION SUPPORTING YOUR CLAIM TO YOUR PROOF OF CLAIM AND SUBMIT BY THE BAR DATE.

12. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if required.

13. AMOUNT OF YOUR CLAIM. \$_____.

14. Is there OTHER INSURANCE which may cover this claim? YES (). NO (). If YES, give name of the insurer and policy number.

15. Are you REPRESENTED BY AN ATTORNEY: YES (). NO (). If YES, provide attorney's name, address, and telephone number.

16. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES (). NO (). If YES, provide the following:

A. COURT WHERE FILED:

B. DATE FILED & DOCKET NUMBER:

C: PLAINTIFF(S):

D: DEFENDANT(S):

SEE REVERSE

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceedings of Security Pacific Insurance Company, Inc. in Liquidation, SPI-202, Inc. in Liquidation, SPI-203, Inc. in Liquidation, and/or SPI-204, Inc. in Liquidation (as designated in response to Question 10 above) are true and correct.

STATE OF _____) _____
Claimant (sign on line above)

Print Name: _____

COUNTY OF _____) _____
Title or Official Capacity of Signatory for Company or Corporation

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 201____.

Signature of Notary Public

Printed Name of Notary Public

I am a resident of _____ County, _____.

My commission expires _____.

* * * * *

DEADLINE FOR FILING CLAIMS IS

* * * * *

May 31, 2012

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED BY SECURITY PACIFIC INSURANCE COMPANY, INC.
IN LIQUIDATION, SPI-202, INC. IN LIQUIDATION, SPI-203, INC. IN LIQUIDATION,
AND SPI-204, INC. IN LIQUIDATION (Collectively, the "SPI Companies")
AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:**

**The SPI Companies in Liquidation
704 N. King Street, Suite 602
Wilmington, DE 19801**

*SECURITY PACIFIC INSURANCE COMPANY, INC. IN LIQUIDATION;
SPI-202, INC. IN LIQUIDATION; SPI-203, INC. IN
LIQUIDATION; AND SPI-204, INC. IN LIQUIDATION*
INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM

TO: POLICYHOLDERS AND OTHER POTENTIAL CREDITORS OF
SECURITY PACIFIC INSURANCE COMPANY, INC. IN LIQUIDATION;
SPI-202, INC. IN LIQUIDATION; SPI-203, INC. IN LIQUIDATION; AND
SPI-204, INC. IN LIQUIDATION

DATE: March 23, 2012

Security Pacific Insurance Company, Inc. ("SPIC"), SPI-202, Inc. ("SPI-202"), SPI-203, Inc. ("SPI-203"), and SPI-204, Inc. ("SPI-204") have been ordered liquidated by the Court of Chancery of the State of Delaware in the matter now captioned as "In the Matter of the Liquidation of Security Pacific Insurance Company, Inc.; SPI-202, Inc.; SPI-203, Inc.; and SPI-204, Inc.," C.A. No. 6317-VCP." The Court appointed The Honorable Karen Weldin Stewart, CIR-ML, Insurance Commissioner of the State of Delaware, as the Receiver (the "Receiver") of SPIC, SPI-202, SPI-203, and SPI-204. The Receiver appointed Mr. George J. Piccoli as the Deputy Receiver. The Court also ordered that the Bar Date for filing any and all claims against SPIC, SPI-202, SPI-203, and/or SPI-204 with the Receiver shall be **May 31, 2012**.

In order to share in distributions of the assets, if any, of SPIC, SPI-202, SPI-203, and/or SPI-204 available for distribution, any and all claims must be filed with the Receiver on or before May 31, 2012. The proof of claim form with all documentation supporting the claim(s) must be **received** by the Receiver at the address on the Proof of Claim form by the Bar Date. Original signed and notarized Proofs of Claim must be submitted. Proofs of Claim may not be submitted by email or facsimile. Any claimant who fails to file a proof of claim as required shall be forever barred from sharing in the assets of the SPIC, SPI-202, SPI-203, and/or SPI-204 estates unless assets become available for distribution to the Class VII late-filed claims. All interested parties are encouraged to complete and send in their proof of claim forms as soon as possible. Each section of the proof of claim should be completed. If a section is not applicable, please so state. A separate proof of claim form should be completed for each claim against the estate. (If you believe you have more than one claim, you should photocopy the proof of claim form for the additional claims.)

YOU MUST SPECIFY WHETHER YOUR CLAIM IS BEING FILED AGAINST SPIC, SPI-202, SPI-203, AND/OR SPI-204. YOUR SUPPORTING DOCUMENTATION MUST PROVIDE PROOF OF YOUR CLAIM AGAINST THE ENTITY OR ENTITIES SELECTED.

The proof of claim form must be completed in accordance with the instructions, must be signed under oath, and must be returned to the address indicated on the proof of claim form on or before the Bar Date of May 31, 2012, so that the proof of claim and supporting documentation are RECEIVED by the SPIC, SPI-202, SPI-203, and/or SPI-204 estates by that date, or your claim will be barred from sharing in any distributions of assets from the SPIC, SPI-202, SPI-203, and/or SPI-204 estates unless assets become available to pay Class VI (late-filed) claims.

If you have more than one claim against SPIC, SPI-202, SPI-203, and/or SPI-204, submit a separate proof of claim form with supporting documentation for each claim.

You may use photocopies of this form, but the claimant's signature and the notarization submitted to the Receiver must be the original signature and notarization.

Assets are distributed in accordance with the priority classes established in the Delaware Insurance Code. See the Verified Petition for Entry of Liquidation and Injunction Order (the "Liquidation Petition") and the Petition for Establishment of Bar Date (the "Bar Date Petition") at the website listed below for more details. No priority class will share in any distribution of assets unless and until all higher priority classes have been satisfied in full. The Petition, the Liquidation and Injunction Order with Bar Date, and other relevant documents can be found on the web page for SPIC in Liquidation, SPI-202 in Liquidation, SPI-203 in Liquidation, and/or SPI-204 in Liquidation on the Delaware Insurance Department website at:

http://www.delawareinsurance.gov/departments/berg/rehab_bureau.shtml.